

Complaint Form



Contact Information

Name:				
Mailing Address:				
City/Town:	Province:	Postal Co	ode:	
Home Phone:	Work Phone:	Email:		
Credit Union Information				
Name of credit union: Accent Credit Union		Branch:	Branch:	
Complaint Information				
Your complaint concerns:	Account Debit Card Privacy	Loan or Mortgage Quality of Service Other (please specify)		
Your account number (if applicable):				
Details about your complain	t			
		events leading to it in the order in which e actions you took. (attach additional she		

you are filing a complaint.	
What would you like to see done? What is your proposed	d solution?
Authorization	
I have asked the credit union to investigate my complaint and personal information for the purposes of investigating the ab	d I consent to the collection, use and disclosure of my ove complaint.
Date	Complainant Signature
Please return vour completed, signe	d complaint form to the credit union.

Please attach copies of your account statements and/or financial agreement (if applicable) and any copies of correspondence or other material that may be of assistance. Please remember – you should not submit originals when